



LEGISLATIVE AUDIT RECOMMENDATIONS: IMPLEMENTATION STATUS

REPORTED BY THE
UNIVERSITY NEUROPSYCHIATRIC INSTITUTE (UNI)

ROSS VANVRANKEN
EXECUTIVE DIRECTOR, UNIVERSITY NEUROPSYCHIATRIC INSTITUTE

Utah's Mental Health System

A collaborative endeavor of the Kem C. Gardner Policy Institute
and the Utah Hospital Association

Laura Summers, Senior Health Care Analyst
Dianne Meppen, Director of Survey Research
Samantha Ball, Research Associate

Final Report
August 2019

At-A-Glance

The Demand for Mental Health Care in Utah: Key Statistics



Close to one in five adults
experience poor mental health.

Suicide

is the leading cause of death
for Utahns ages 10 to 24.

66

Utahns sustain a
traumatic brain injury
every day, which
increases risk for
mental health
issues.

Veteran suicides

account for at least **13%** of all suicides in Utah.

Almost

40%

of Utah's depressed
youth age 12–17 did
not receive treatment
for depression.

About

15%

of new mothers
experience
postpartum
depression
symptoms.



The percent
increases to

21%

for low-income
mothers.

Over half of Utah adults with mental
illness did not receive mental
health treatment or counseling.

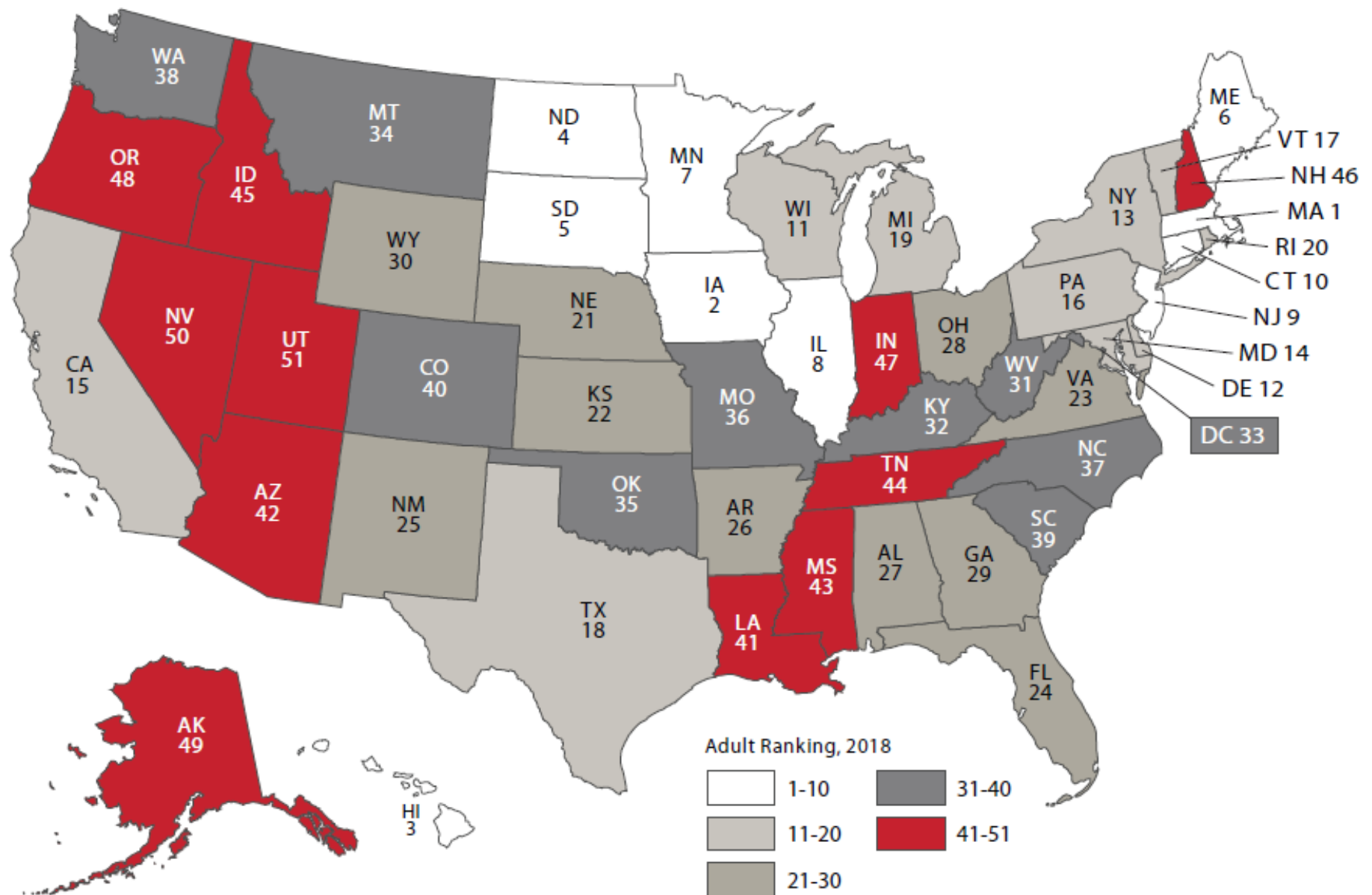


Over

100,000

 adults in Utah experience
Serious Mental Illness (SMI).

Figure 3: State-by-State Mental Health Rankings for Adults, 2018



Note: Key measures used in this ranking include: "Adults with Any Mental Illness" (AMI); "Adults with Alcohol Dependence and Illicit Drugs Use" (e.g., marijuana, heroin, and cocaine); "Adults with Serious Thoughts of Suicide"; "Adults with AMI who Did Not Receive Treatment"; "Adults with AMI Reporting Unmet Need"; "Adults with AMI who are Uninsured"; and "Adults with Disability Who Could Not See a Doctor Due to Costs". For most indicators, the data represent statistics collected up to 2015.
Source: Ranking the States. Mental Health America.

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The Ideal Mental Health System in Utah

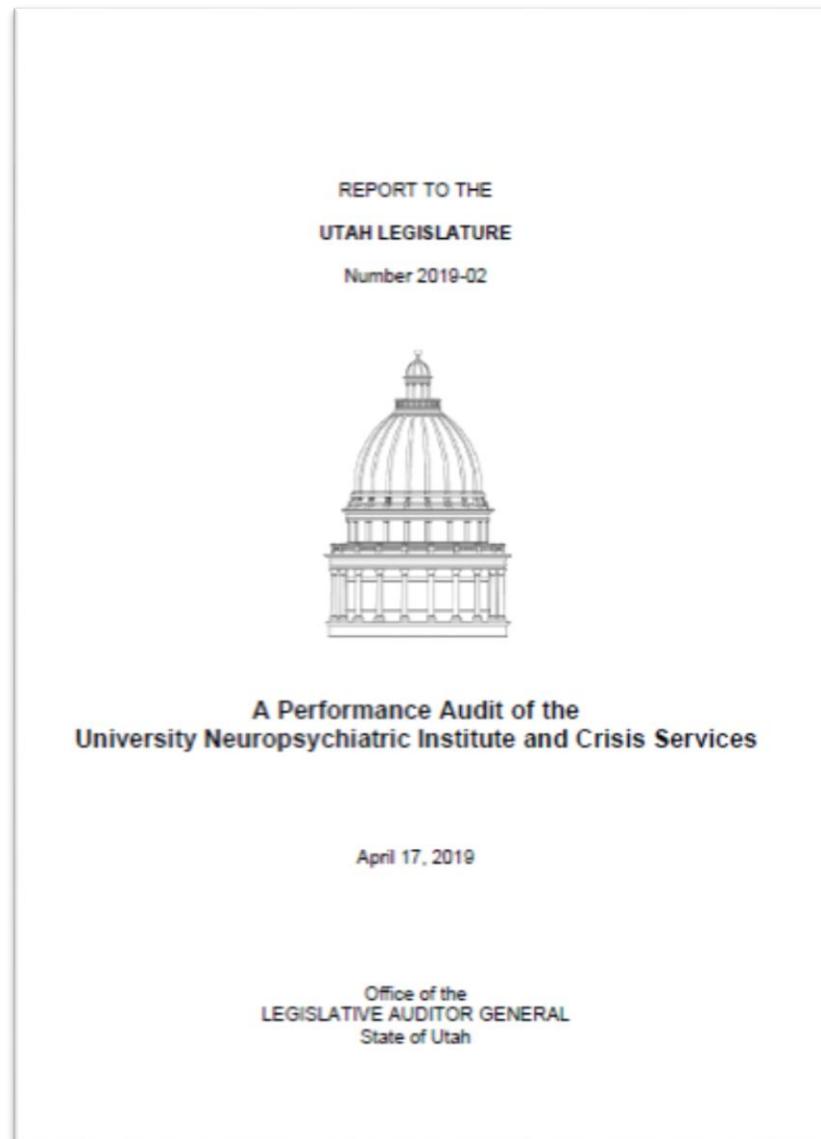
Discussion group participants agreed that an ideal mental health system would:

- Provide integrated mental and physical health services in a timely manner.
- Consistently use mental health screenings to assess individuals, identify risk, and allow for early interventions that prevent escalation.
- Ensure people in need of mental health care have the resources to access necessary services (including transportation and assistance with initial and ongoing paperwork requirements) as well as safe, acuity-appropriate places to reside or seek treatment while addressing mental health issues.

Gaps and Barriers to Achieving the Ideal System: Discussion Group Themes

- A lack of resources and flexibility in providing mental health care
- Stigma surrounding mental health
- Workforce shortages and limited access to services
- Restrictions on funding streams that prevent providers from providing appropriate, timely care
- Fee-for-service (FFS) reimbursement, which makes it difficult to provide preventive care and a full range of integrated physical and behavioral health services
- Forensic bed classifications overtaking available State Hospital beds
- Gaps in mental health services (see p. 13–14 for more detail)
- A lack of system collaboration
- Limited commercial coverage of mental health services

2019 LEGISLATIVE AUDIT FINDINGS



Future Funding Concerns Remain

UNI projects a \$3.6 million net loss in fiscal year 2020. The projected deficit accounts for all sources of revenue including external sources and legislative appropriations. We reviewed the projections and believe they are reasonable. The projected deficit pertains to operations relating to Crisis Line services (the county Crisis Line, Lifeline, the Warm Line, and the SafeUT app), MCOT outreaches, and the Receiving Center. Figure 2.3 shows the projected deficit for UNI's crisis services for fiscal year 2020.

Figure 2.3 UNI Projects a \$3.6 Million Deficit for Crisis Services in Fiscal Year 2020. The projected deficit for crisis services accounts for all sources of funding including funding appropriated in the 2019 General Session.

Crisis Service	Projected Revenue	Projected Operational Expense	Projected Net Position
Crisis Line Services*	\$ 5,327,000	\$ 7,714,200	\$ (2,387,200)
Mobile Crisis Outreach Team	2,576,800	3,203,100	(626,300)
Receiving Center	1,505,300	2,079,000	(573,700)
Wellness Recovery Center	N/A	N/A	N/A
Totals	\$ 9,409,100	\$ 12,996,300	\$ (3,587,200)

Source: UNI

*Crisis Line services includes the county Crisis Line, the Warm Line, Lifeline, and the SafeUT App. UNI reports the SafeUT textline revenue total to be \$2.97 million for fiscal year 2020 and reports the expenditure total during same year to be \$3.04 million for a net loss of approximately \$70,000.

Source: https://le.utah.gov/audit/19_02rpt.pdf Page 15

“Recommendations:

1. We recommend that UNI continue to inform the Legislature and the Mental Health Crisis Commission of future financial deficit concerns.” (Pg. 25)

Key Services for a Comprehensive System

Utah Crisis Line 1-800-273-TALK



COMMUNITY CRISIS & DIVERSION SERVICES - **CURRENT**

Utah Statewide CrisisLine

SafeUT

WarmLine

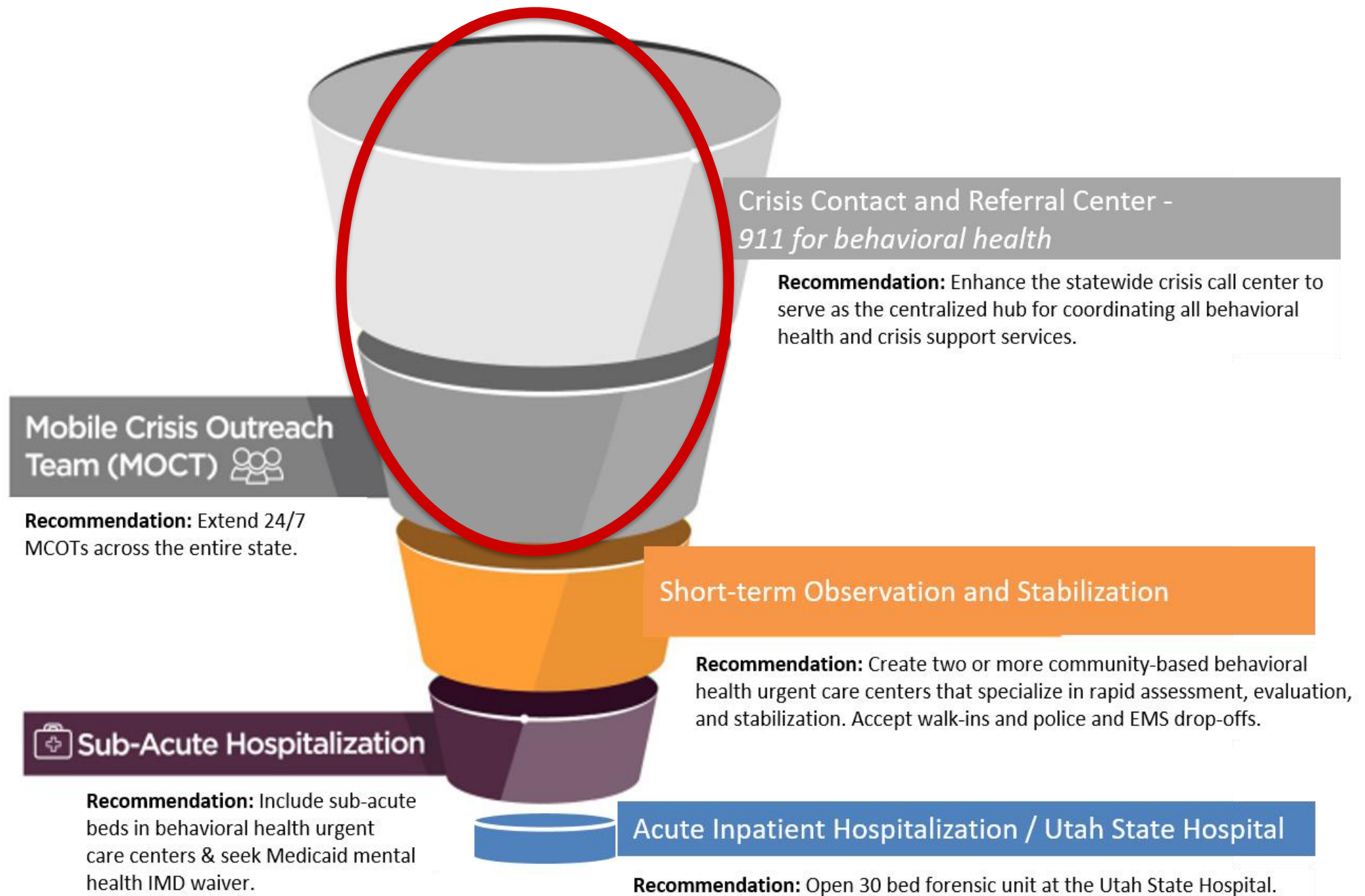
Safe Care
Transitions

Receiving
Center

*Not yet a no-refusal

Mobile Crisis Outreach Teams (MCOT)

UTAH'S COORDINATED CRISIS SYSTEM - FUTURE



CRISIS LINE GROWTH



Source: https://le.utah.gov/audit/19_02rpt.pdf Page 19

UNI CRISIS CALL CENTER VOLUMES

CALENDAR YEAR 2019

Program	2019 Call Volume
SL County Crisis Line (801-587-3000)	45,680
SL County Warm Line (peer to peer)	30,419
National Suicide Prevention Lifeline - Utah Affiliate serving the whole state 1-800-273-TALK	18,193
TOTAL CALLS	94,292

Calls to other local mental health authorities are in addition to this volume.

As of 1/1/19, this number is the Statewide Crisis Line.

As a result, volumes are significantly increasing – without marketing

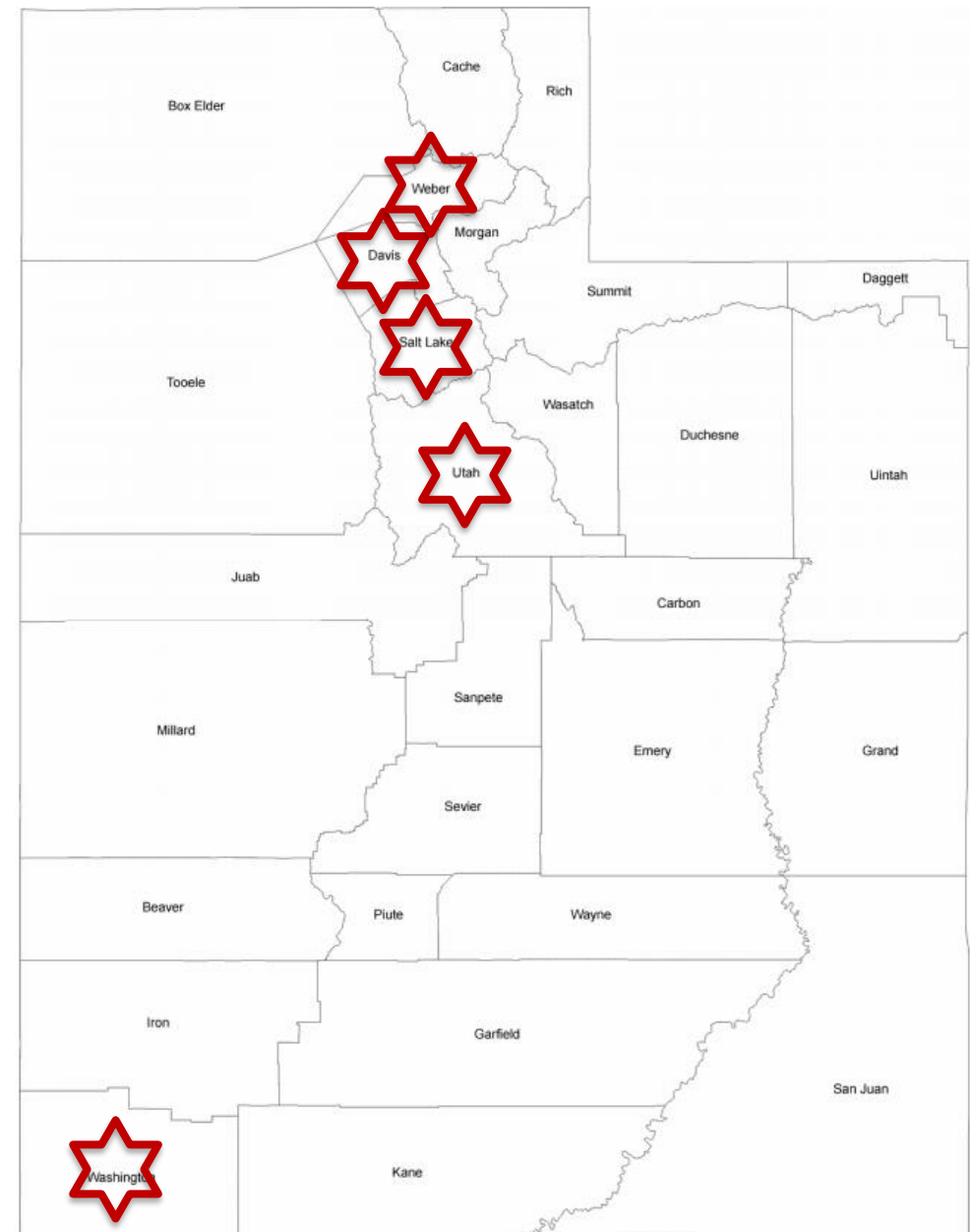
31.3% Year Over Year Growth

Mobile Crisis Outreach Teams (MCOT)

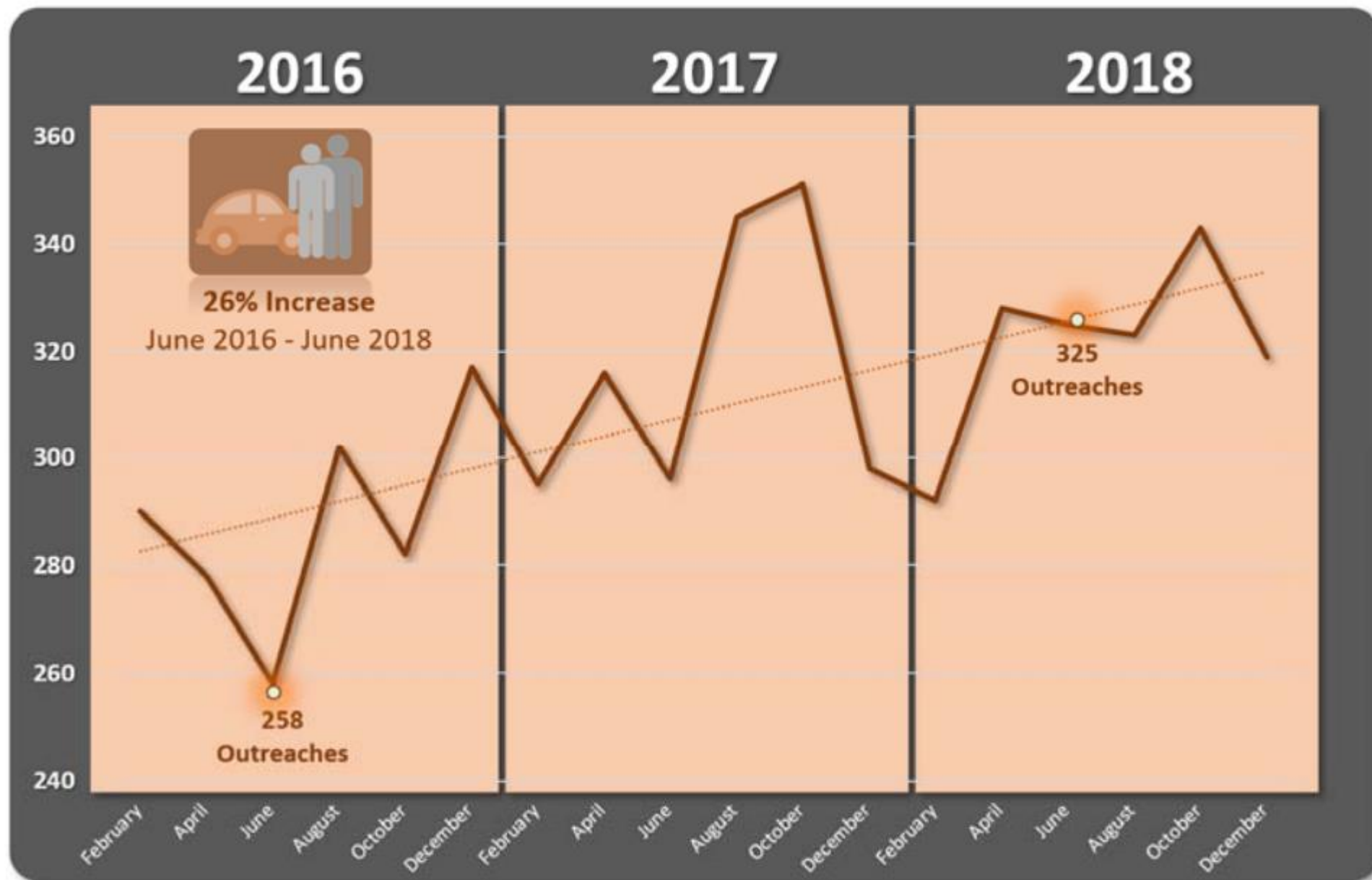


CURRENT MCOT TEAMS

- Salt Lake County has funded 5 teams since 2012
- In 2019, the State Crisis Commission recommended and legislature funded 5 more teams throughout Utah
- Gaps in coverage statewide still exist – legislation in progress
- FY19 Monthly Average Outreaches in SLCo: **300**
- Diversion from jails/emergency rooms: **90%**



MCOT OUTREACH GROWTH



Source: https://le.utah.gov/audit/19_02rpt.pdf Page 20

Receiving Center



UNI RECEIVING CENTER

- Began June 25th, 2012
- Short-term stay (up to 23 hours)
- Serves both voluntary & involuntary patients
- Therapeutic crisis management
- Psychiatric assessment & medication intervention
- Discharge and wellness recovery planning
- Current diversion rate: **91%**
- **Need a no-refusal model**

SafeUT

Crisis & School Safety Tip Line

Utah Crisis Line 1-800-273-TALK



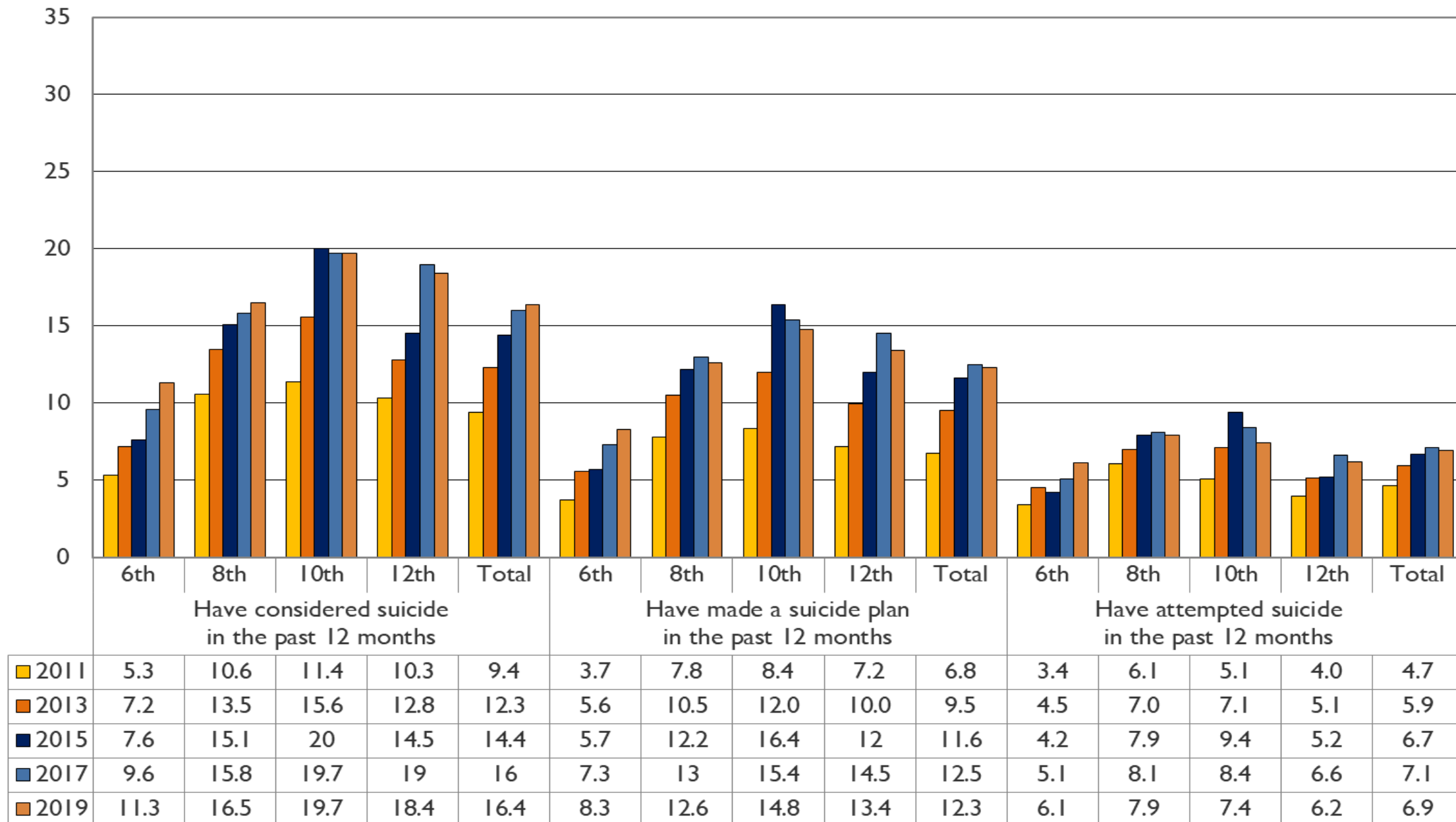
SHARP SURVEY

- At its core, a substance abuse and adolescent problem behavior focused survey
 - Substance use rates
 - Antisocial behaviors
 - Risk and protective factors
- Has evolved to a broader list of problem behaviors and health promotion topics
- Includes youth grades 6, 8, 10, and 12
- Administered biennially statewide since 2003
- 2019 survey is the largest sample yet

SHARP SURVEY RESULTS 2019

Utah Past-year Suicide Ideation and Attempts

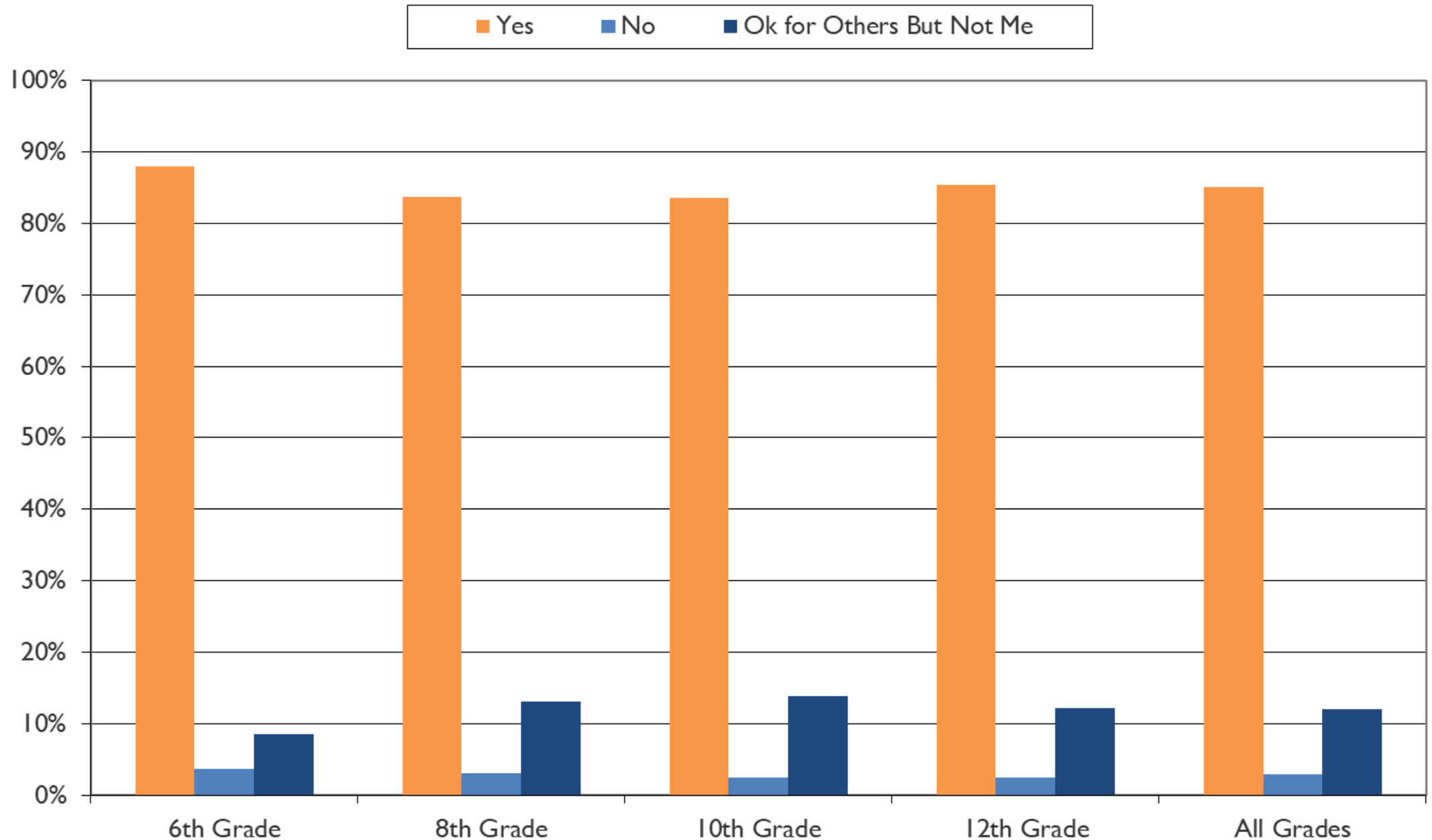
2011 2013 2015 2017 2019



SHARP SURVEY RESULTS 2019

Acceptability of Help Seeking by Grade (2019)

"Do you think it's OK to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless or suicidal?"

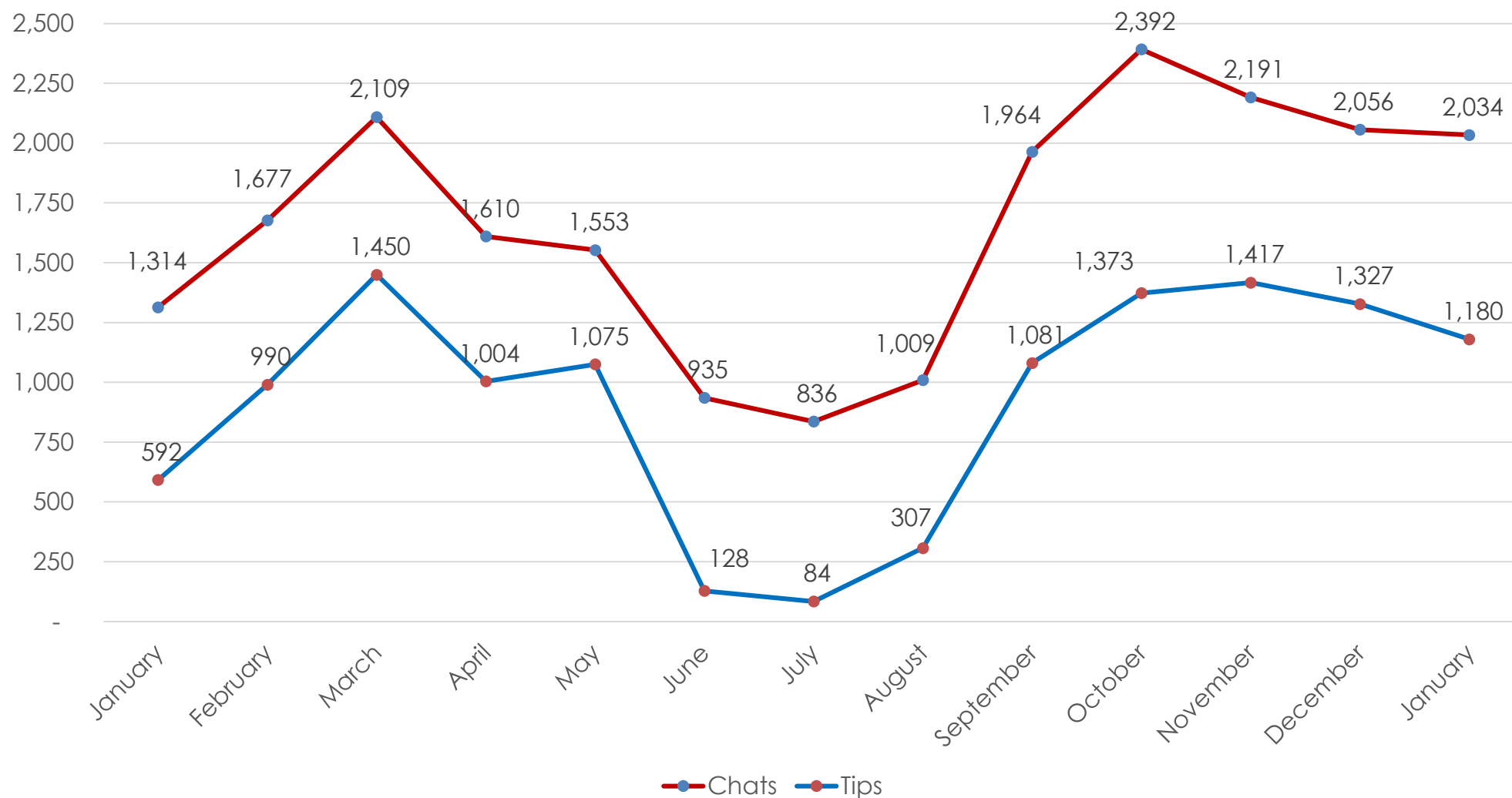


SAFEUT STUDENT ENROLLMENT DEC. 19

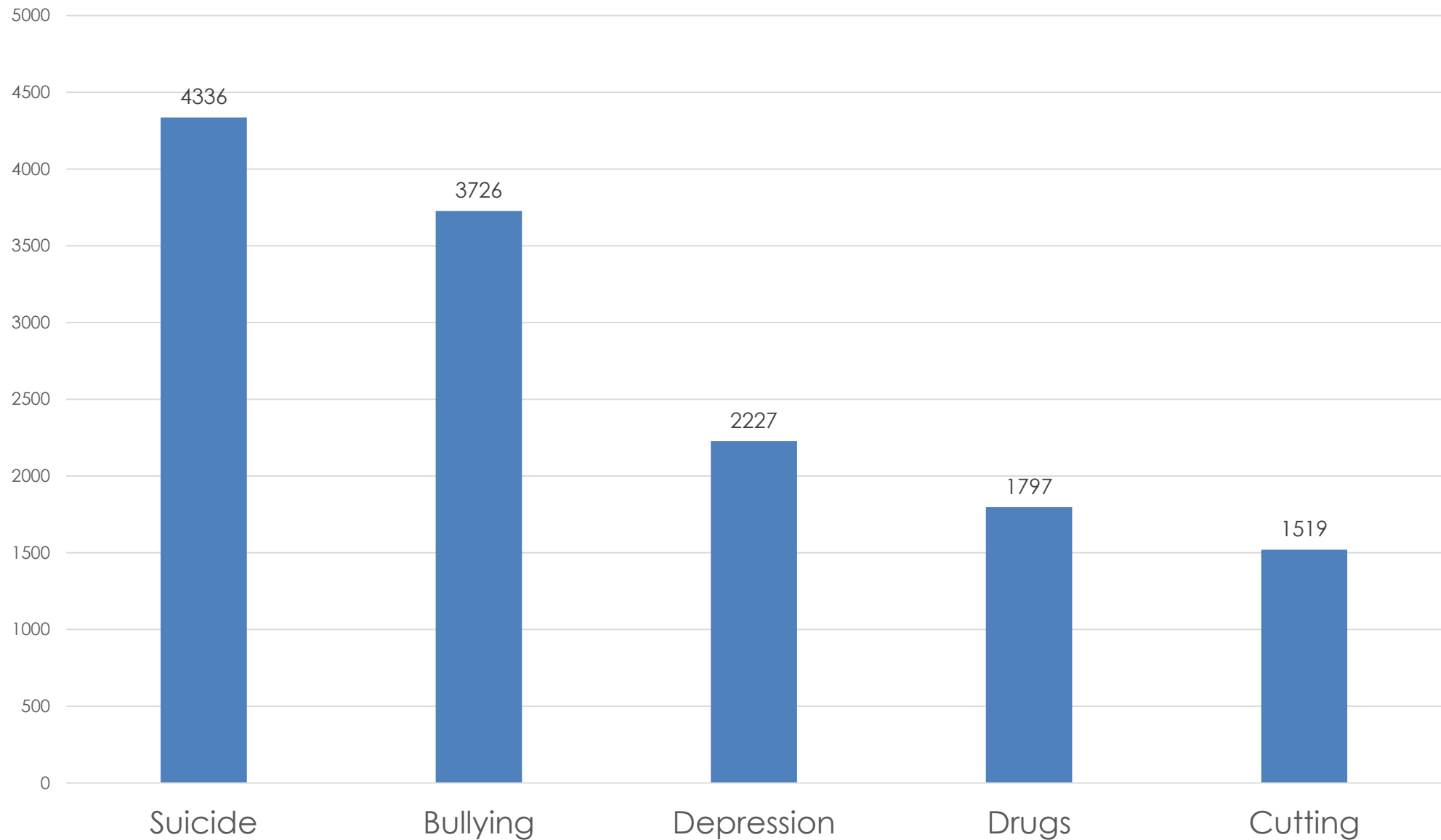
School Type	% Students having access to app	Notes
K-12 Public School	92.71%	We are enrolled in all public high school and middle schools. 163 elementary schools have yet to enroll.
K-12 Charter School	91.57%	We continue to enroll charter schools.
K-12 Private School	40.13%	We continue to enroll private schools.
Public University / UTECH	82.25%	We are enrolled in all 8 USHE Institutions and all 8 public technical colleges.

SAFEUT UTILIZATION

JANUARY 2018 – JANUARY 2019



SAFEUT TOP 5 TIP TOPICS



*DATE RANGE: JULY 2017 – DECEMBER 2019

University of Utah- UNI Crisis and Diversion Programs
FY 2020 Financial Review and Projections



	Annualized	Projection	Projection	Projection	Projection
<i>Annual GAIN/(LOSS)</i>	<i>2020</i>	<i>2021</i>	<i>2022</i>	<i>2023</i>	<i>2024</i>
State Crisis Line/Warm Line*	(\$875,080)	(\$1,625,601)	(\$2,356,766)	(\$3,138,772)	(\$3,819,027)
MCOT **	\$284,099	(\$1,027,967)	(\$1,042,111)	(\$1,043,915)	(\$1,031,042)
Receiving Center	(\$184,341)	(\$199,738)	(\$257,911)	(\$317,906)	(\$379,781)
Text line Utah SafeUT***	\$554,818	\$337,472	(\$269,531)	(\$1,171,235)	(\$2,254,607)
TOTALS	(\$220,505)	(\$2,515,834)	(\$3,926,319)	(\$5,671,829)	(\$7,484,457)

* Assumes Salt Lake County and Optum Medicaid Funding is still in place

Projections do not take into consideration any State Marketing campaign or a three digit number

Estimated EMR projections not final, additional EMR funding will be needed.

** MCOT Funding changing from capitated to a per encounter- final contract on payments from Salt Lake County and Medicaid Program Optum not final for future years. Projection estimated the \$500,000 Legislated funds for 1 team plus estimated billable encounters

*** SafeUT Volumes of Incoming Texts are annualizing to a 268% increase since FY2017. Holding future years with 30% increase each year moving forward.

In addition to being in K-12 schools Safe UT is now in all eight state funded higher ed institutions, and all eight state funded technical colleges